

NOTIFICATION OF INTERCOUNTY TRANSFER

Instructions: Workers should complete each space. If the information requested does not pertain to this case, indicate with N/A symbol.

SENDING COUNTY NAME AND ADDRESS				CASE NAME		CASE NUMBER		
				RECIPIENT ADDRESS		NUMBER/STREET	CITY	ZIP CODE
RECEIVING COUNTY				RECIPIENT'S MAILING ADDRESS (IF DIFFERENT)				
DISCONTINUANCE DATES FOR TRANSFER				RECIPIENT'S PHONE NUMBER(S)		DATE MOVED		
CalWORKs/RCA		FS	MC	PAYEE'S NAME (IF DIFFERENT)		SSN		
TMC		1931(b)		PAYEE'S RELATIONSHIP TO AIDED CHILD(REN)				
<input type="checkbox"/> WAIVE 30 DAY ICT PROCESS:								
WELFARE TO WORK PLAN				BUDGET METHOD				
DATE		<input type="checkbox"/> SIGNED		<input type="checkbox"/> 18-MONTH LIMIT		<input type="checkbox"/> PROSPECTIVE <input type="checkbox"/> RETROSPECTIVE		
		<input type="checkbox"/> REFUSED TO SIGN		<input type="checkbox"/> 24-MONTH LIMIT				
OVERPAYMENTS TRANSFERRED				SUMMARY OF INCOME/PROPERTY				
PROGRAM		TYPE		NAME		SOURCE	AMOUNT	MONTH
CalWORKs		<input type="checkbox"/> IPV <input type="checkbox"/> Client-error <input type="checkbox"/> Agency <input type="checkbox"/> Mult.					\$	
Food Stamps		<input type="checkbox"/> IPV <input type="checkbox"/> Inadvertent HH <input type="checkbox"/> Agency <input type="checkbox"/> Mult.					\$	
Other (Specify)		<input type="checkbox"/> IPV <input type="checkbox"/> Client/Provider <input type="checkbox"/> Agency <input type="checkbox"/> Mult.					\$	
FOOD STAMP SHELTER				<input type="checkbox"/> RESTRICTED ACCOUNT(S) BALANCE \$				
BUDGETED HOUSING		BUDGETED UTILITIES		SHARE OF COST		NAME		
\$		\$		MONTH				
SANCTIONS/PENALTIES Check (✓) all that apply for each person				MEDI-CAL ONLY CASE INFORMATION				
Name		Start Date		End Date		SHARE OF COST		NAME
TYPE	CalWORKs IPV <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 yr <input type="checkbox"/> 4 yr <input type="checkbox"/> Perm				COURT CASES <input type="checkbox"/> HUNT V. KIZER <input type="checkbox"/> SNEEDE V. KIZER <input type="checkbox"/> PICKLE			
	Food Stamp IPV <input type="checkbox"/> 1 yr <input type="checkbox"/> 2 yr <input type="checkbox"/> 10 yr <input type="checkbox"/> Perm				<input type="checkbox"/> PERCENT/FPL PROGRAM %		<input type="checkbox"/> LTC: CSRA	
	<input type="checkbox"/> School Attendance <input type="checkbox"/> Immun <input type="checkbox"/> CS sanct <input type="checkbox"/> CS 25% penalty				<input type="checkbox"/> PERIOD OF INELIGIBILITY		<input type="checkbox"/> CONTINUED ELIGIBILITY (SPECIFY)	
	Welfare to Work <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Subsequent				<input type="checkbox"/> NAME _____		<input type="checkbox"/> CEC RV DATE _____	
Name		Start Date		End Date		<input type="checkbox"/> LTC MONTHS _____		<input type="checkbox"/> NAME _____
TYPE	CalWORKs IPV <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 yr <input type="checkbox"/> 4 yr <input type="checkbox"/> Perm				<input type="checkbox"/> 1931(b) <input type="checkbox"/> OTHER			
	Food Stamp IPV <input type="checkbox"/> 1 yr <input type="checkbox"/> 2 yr <input type="checkbox"/> 10 yr <input type="checkbox"/> Perm				CAL-LEARN CASE INFORMATION			
	<input type="checkbox"/> School Attendance <input type="checkbox"/> Immun <input type="checkbox"/> CS sanct <input type="checkbox"/> CS 25% penalty				NAME _____		<input type="checkbox"/> SANCTION <input type="checkbox"/> BONUS	
	Welfare to Work <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Subsequent				NAME _____		<input type="checkbox"/> SANCTION <input type="checkbox"/> BONUS	
Name		Start Date		End Date		NAME _____		<input type="checkbox"/> SANCTION <input type="checkbox"/> BONUS
TYPE	CalWORKs IPV <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 yr <input type="checkbox"/> 4 yr <input type="checkbox"/> Perm				NAME _____		<input type="checkbox"/> EXEMPT	
	Food Stamp IPV <input type="checkbox"/> 1 yr <input type="checkbox"/> 2 yr <input type="checkbox"/> 10 yr <input type="checkbox"/> Perm				NAME _____		<input type="checkbox"/> EXEMPT	
	<input type="checkbox"/> School Attendance <input type="checkbox"/> Immun <input type="checkbox"/> CS sanct <input type="checkbox"/> CS 25% penalty				NAME _____		<input type="checkbox"/> EXEMPT	
	Welfare to Work <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Subsequent				PRIOR NOTIFICATION DATE _____ FORM USED _____			
Name		Start Date		End Date		LATEST NOTIFICATION DATE _____ FORM USED _____		
TYPE	CalWORKs IPV <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 yr <input type="checkbox"/> 4 yr <input type="checkbox"/> Perm				DOCUMENTATION SENT			
	Food Stamp IPV <input type="checkbox"/> 1 yr <input type="checkbox"/> 2 yr <input type="checkbox"/> 10 yr <input type="checkbox"/> Perm				<input type="checkbox"/> CA 1/SAWS 1		<input type="checkbox"/> PREGNANCY VERIFICATION	
	<input type="checkbox"/> School Attendance <input type="checkbox"/> Immun <input type="checkbox"/> CS sanct <input type="checkbox"/> CS 25% penalty				<input type="checkbox"/> DED VERIFICATION		<input type="checkbox"/> RESTRICTED ACCOUNT	
	Welfare to Work <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Subsequent				<input type="checkbox"/> DISABILITY VERIFICATION		<input type="checkbox"/> MFG EXEMPTION	
CASE INFORMATION <input type="checkbox"/> CalWORKs <input type="checkbox"/> RCA				<input type="checkbox"/> OP/OI RECORDS		<input type="checkbox"/> CW 2102		
PRIOR MONTH	GRANT AMOUNT	CURRENT MONTH	GRANT AMOUNT	<input type="checkbox"/> PE DETERMINATION NAME _____		<input type="checkbox"/> CW 25/CW 25A		
	\$ _____		\$ _____	<input type="checkbox"/> OTHER (LIST) _____				
<input type="checkbox"/> EXEMPT FROM MAP CUTS								
<input type="checkbox"/> EXEMPT FROM MAP CUTS								
DATE RCA TIME EXPIRES				OTHER INFORMATION				
HOMELESS ASSISTANCE				WORKER NAME		WORKER NUMBER	PHONE HOURS	
<input type="checkbox"/> ONCE IN A LIFETIME (OLT) USED _____ AUTH. DATE _____				PHONE NUMBER		FAX	DATE COMPLETED	
<input type="checkbox"/> MET 12 MONTH EXEMPTION TO OLT _____ AUTH. DATE _____				()		()		